

FEB 25 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1683

## 1. PLACE OF DEATH

County *Backson*Registration District No. *399*Township *Law*Primary Registration District No. *1002*City *Tr. C.*(No. *621*, *Indiana*)File No. *1683*Registered No. *1683*St. *Mo.* Ward *1*

## 2. FULL NAME

(a) Residence, No. *621 Duellman* St., *Indiana* Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

*Male*

## 4. COLOR OR RACE

*White*

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Married*

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

*Horace Markham*

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*Oct 16-1888*

## 7. AGE

*48*

## YEARS

*3*

## MONTHS

*8*

## DAYS

*8*

If LESS than 1 day, .....hrs. or .....min.

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*Plain Agent*

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

*Burlington R.R.*

## 10. Date deceased last worked at this occupation (month and year)

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Mo*

## 13. NAME

*Wethamial Markham*

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*mo*

## 15. MAIDEN NAME

*Josephine Martin*

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Ohio*

## 17. INFORMANT (ADDRESS)

*Mrs Pearl Markham*

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE *mt. Marshall* DATE *Jan 27, 1937*

## 19. UNDERTAKER (ADDRESS)

*E. J. Law Federal House*

## 20. FILED

*Jan 27, 1937 M. M. Crowe*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*Jan. 24, 1937*22. I HEREBY CERTIFY that I attended deceased from *December 29, 1936* to *Jan. 24, 1937*I last saw him alive on *Jan. 24, 1937* Death is saidto have occurred on the date stated above, at *8:05 P. m.*

The principal cause of death and related causes of importance were as follows:

*Acute Cardiac Dilatation*

Date of onset

## Other contributory causes of importance:

*Cabar Pneumonia*

## Name of operation

Date of

## What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

## Manner of injury

## Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

specify

(Signed)

(Address) *1114 Broadway, N. C. Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X7044

